



Practitioner's Docket No. 56436 (71699)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: D. Stoianovici, et al

Conf. No.: 8459

Application No.: 09/943,751

Group: 3731

Filed: August 30, 2001

Examiner: Nguyen, Vi X

For: CONTROLLABLE MOTORIZED DEVICE FOR PERCUTANEOUS NEEDLE
PLACEMENT IN SOFT TISSUE TARGET AND METHODS AND SYSTEMS RELATED
THERE TO

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**RESPONSE UNDER
37 C.F.R. §1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3731**

1. Transmitted herewith is
 - (a) an Amendment for this application, and
 - (b) a Notice of Appeal for this application.

CERTIFICATE OF MAILING

I hereby certify that, on the date shown below, this correspondence is being:

EXPRESS MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as Express Mail (Mail Label No. EV 000 000 000 US in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office (703) 872-9306.

Signature

William J. Daley, Jr.
William J. Daley, Jr.

Date: August 23, 2004

STATUS

2.

☒ a small entity. A statement:

☐ is attached.

☐ was already filed.

☐ other than a small entity.

3.

EXTENSION OF TERM

4. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete (a) or (b), as applicable)

(a) ☒ Applicant petitions for an extension of time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(a)(1)-(4)) for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input checked="" type="checkbox"/> two months	\$ 420.00	\$ 210.00
<input type="checkbox"/> three months	\$ 950.00	\$ 475.00
<input type="checkbox"/> four months	\$ 1,480.00	\$ 740.00

Fee: \$ 210.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

☐ An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 110.00

OR

(b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

5. The fee for claims (37 C.F.R. § 1.116(b)-(d)) has been calculated as shown below:

[Col. 1] [Col. 2] [Col. 3] Small Entity Other Than a
Small Entity

Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total 53	Minus 55	=0	x \$ 9 =	\$0.00	x \$ 18 =	\$0.00
Indep.8	Minus 6	=2	x \$43 =	\$86.00	x \$ 86 =	\$0.00
[] First Presentation of Multiple Dependent Claim			+\$145 = \$0.00		+ \$290 = \$0.00	
			Total Addit. Fee:		Total Addit. Fee \$	
			\$86.00			

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c) [] No additional fee for claims is required.

OR

(d) [**XX**] Total additional fee for claims required **\$86.00**

FEE PAYMENT

6. [] Attached is a check in the sum of \$0.00.
 [**XX**] Charge Account No. 04-1105 the sum of **\$296.00**

FEE DEFICIENCY

7. ☒ If any additional extension and/or fee is required, charge Account No. 04-1105.


AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 04-1105.

Tel. No.(617) 439-4444

Date: August 9, 2004

Customer No. 21,874


SIGNATURE OF PRACTITIONER
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BOS2_454253.1



Application No. (if known): 09/943,751

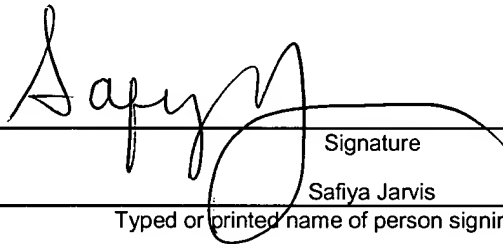
Attorney Docket No.: 56436(71699)

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